



**BEACON**  
Specialized Living

**Medication Administration In-Service and Evaluation**

Name of Facility/Home: Wavecrest

Employee Receiving In-Service: Carolyn Bennett

Date of 1st In-Service\*:      /      /      Time:     :     am / pm Trainer:       
\*This is done by a regional nurse

Date of 2nd In-Service:      /      /      Time:     :     am / pm Trainer:     

Date of 3rd In-Service:      /      /      Time:     :     am / pm Trainer:     

Date of 4th In-Service:      /      /      Time:     :     am / pm Trainer:     

Date of 5th In-Service:      /      /      Time:     :     am / pm Trainer:     

Date of 6th In-Service:      /      /      Time:     :     am / pm Trainer:     

Date of Final Evaluation: 3 / 24 / 21 Time: 5 : 00 am / (pm) Trainer: S. Freislinger

**All staff must complete all three (6) In-Services and Final Evaluation**

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

		In-Service #	1st	2nd	3rd	4th	5th	6th	Eval	Comments
1	Medication Area								✓	
	a. Location of ample supplies prior to administration									
	b. Area is clean and organized									
	c. Area is always locked									
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)									
2	DMA washes hands prior to administering medications and between each Resident									Good
3	Medication keys are retained by DMA									OK
4	Resident is identified per facility policy and procedure prior									
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications									
	a. If Pulse and BP are required, hands and equipment are washed per facility policy									
	b. If Apical Pulse is required, privacy is provided									
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'									Good
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR									
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle									



## Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6							✓	
								Good
7								Good
8								N/A
								N/A
								N/A
								N/A
9								
10								
11								Good
12								
13								
14								Good
15								
16								
17								
18								Good



## Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval	Comments
19							✓	
20							}	
21								Good
22								
23								
24								
25								
26								

### FOLLOW UP CONCERNS

Specify time frame for completion: \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.

Candyn Bennett  
Employee Signature

3-27-21  
Date

J. R.  
Home Manager Signature

3/27/21  
Date